

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Office Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25760</u>	2 Fiscal Year Covered From <u>1 / 1 / 2005</u> Through <u>12 / 1 / 2005</u>
3 Name and address of person filing Name <u>Michael M Lynch</u>  P O Box Bldg Room No if any  Street <u>3321 Remy Dr</u> City <u>Lansing</u> State <u>MI</u> ZIP Code + 4 <u>48906</u>	4 Name file number and address of labor organization Name <u>Bac local #9</u> Labor Organization File Number <u>537-376</u>  P O Box Building and Room Number if any  Street <u>3321 Remy Dr</u> City <u>Lansing</u> State <u>MI</u> ZIP Code + 4 <u>48906</u>
5 Position in labor organization <u>Field Rep</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Michael M Lynch

On

5-11-06

Date

810-732-1341

Telephone Number

Name of Person Filing <u>Michael M Lynch</u>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>Bac Fringe Funds</u></p> <p>Trade Name if any <u>Bac</u></p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>6525 Centurion Dr</u></p> <p>City <u>Ians ns</u></p> <p>State <u>Mich</u> ZIP Code + 4 <u>48917-9275</u></p>	<p><b>9</b> Business deals with</p> <p style="padding-left: 40px;">a Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b Trust</p> <p style="padding-left: 40px;">c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Michigan Bac Fringe Funds</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>6525 Centurion Dr</u></p> <p>City <u>Ians ns</u></p> <p>State <u>Mich</u> ZIP Code + 4 <u>48917-9275</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p style="padding-left: 40px;"><u>Expense Reimbursement For Trustee For Bac Fringe Funds</u></p> <hr/> <p><b>11 b</b> Approximate dollar value of such dealing <u>162 00</u></p> <hr/> <p><b>12 a</b> Nature of interest held or income received</p> <p style="height: 100px; border: 1px solid black;"></p> <hr/> <p><b>12 b</b> Amount</p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p> <p style="height: 100px; border: 1px solid black;"></p>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment</p> <p style="height: 30px; border: 1px solid black;"></p>